U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official	offe think
( )	W618.005
E 4	MS DROF

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Through: 12/31/2004  umber, and address of labor organization.  TEAMS: 25 LOCAL 340  ization File Number 0/1443  uilding and Room Number, if any \$0 Box 2290  147h = 10 calls ST  Textinal  ZIP Code + 4 0 4/16-229  Scare; 2274
umber, and address of labor organization.  TEARLS: 25 LOCAL 340  ization File Number 01,443 01/443  uilding and Room Number, if any 10 Box 2290  147h 20 cours ST  Partical  IPCode +4 04/16-229
TEAMS: 25 LOCAL 340  ization File Number 011443  uilding and Room Number, if any \$10 Box 2290  1477 = 10 caus St  Partized  ZIP Code +4 04116-229
ization File Number 01,443 011443  wilding and Room Number, if any POBOX2290  147h = 1) cours ST  Pox7,244  ZIP Code +4 04/16-229
Parisad ZIP Code +4 04/16-229
Perri 124 d  ZIP Code + 4 04/16-229
MR_ ZIP Code + 4 04/16-229
Id directly or indirectly had any of the following interests in the instructions):  a or other economic benefit of or is actively seeking to represent.
Interest, Transaction, or Income.
5

Signed

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwood an employer whose employees your labor organizat on represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization t b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar val.be of such dealing.	PARAMETER 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
City	12.a. Nature of interest he c or income received.	
State ZIP Code + 4		
	12.b. Amount	The second secon
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trace name, if any).	•	
Name		
Trade Name, if arry:		
P.O. Box, Bldg., Room No., if any		
Street Street	<del>/</del> 1	
City		
State ZIP Code + 4	1	
40 h Jaha Businasa a Firstura	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		<del></del>

## DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date